

Please type a plus sign (+) inside this box → ☐

PTC/SB/01 (12-97)
Approved for use through 9/30/00, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	W6-18
First Named Inventor	William H. Wall
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Stent Device for Performing Endovascular Repair of Aneurysms

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTC/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTC/SB/029 attached hereto.

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 3.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete the form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

100721-5519001
BEST AVAILABLE COPY

BEST AVAILABLE COPY

PTO/SB/01 (12-97)

Please type or print sign (+) inside this box ☐

Accepted for use through 9/30/00 OMB 0451-0002

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) or 365(n) of any PCT international application designating the United States of America, filed before and leading to the subject matter of each of the claims of this application, is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☒ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02A attached hereto.

As a named inventor I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name(s) and registration number listed below:

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Eric P. Schellin	18,449		

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below:

Name	Eric P. Schellin				
Address	2121 Crystal Drive, Suite 704				
Address					
City	Arlington	State	VA	ZIP	22202
Country	USA	Telephone	703/521-1666	Fax	703/979-1487

I hereby declare that all statements made herein of my own knowledge are true and that of statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that such statements and the use of these statements are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may constitute the liability of the applicant or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle if any)	Family Name or Surname
William H.	Wall

Inventor's Signature	Date
<i>William H. Wall</i>	11/12/97

Residence City	State	Country	Citizenship
Norcross	GA	USA	USA

Post Office Address	
	5139 Jimmy Carter Blvd.

Post Office Address	

City	State	ZIP	Country
Norcross	GA	30093	USA

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.